Department of Planning and Zoning
149 Church Street, City Hall
Burlington, VT 05401-8415
Phone: (802) 865-7188
Fax: (802) 865-7195
www.burlingtonvt.gov/pz

Appeal of an Administrative Decision Request

Use this form to appeal any Administrative Decision or Notice of Violation - See Sec. 12.2.2 of the Zoning Ordinance.

SUBJECT LOCATION ADDRESS: 111 Colchester Avenue

Subject Property Owner: UVM Medical Center

Appellant: Martha B. Lang

Agent/Representative: Martha B. Lang

Mailing Address: 138 Colchester Avenue

City, St, Zip: Burlington, VT 05401

Day Phone (802) 862-1094 Email: MarthaLang@aol.com

Appellant Signature: Martha B. Lang Date: 5/21/15

In order for your request to be considered complete, **ALL** of the following information **must** be provided, as applicable:

- ☑ The Appeal **fee of $250**;
- ☑ Description of the decision under appeal;
- ☑ Description of the property subject to the appeal;
- ☑ Reference to the regulatory provisions applicable to the appeal;
- ☑ Relief requested by the appellant;
- ☑ Alleged grounds why such requested relief is believed proper under the circumstances.

Office Use Only:
Check No. 1735 Amount Paid 250 Zoning Permit # 14-1321CA

MARTHA R. LANG, PH.D.
138 COLCHESTER AVENUE
BURLINGTON, VERMONT 05401
802-862-1094

Hand Delivered

May 21, 2015

ATTACHMENT to APPEAL TO DRB OF ADMINSTRATIVE DECISION REQUEST

Pursuant to Section 2.7.11 of Article 2, Part 7, of the City of Burlington's Comprehensive Development Ordinance (the "Ordinance"), I appeal the May 12, 2015 "Martha Lang Complaint Decision" issued by Jeanne Francis (the "Zoning Officer") on behalf of the City's Code Enforcement Office. I ask you to exercise your authority under the Ordinance to reverse the Zoning Officer's decision and stop construction of the Medical Center's project pending its satisfaction of the Ordinance, as specified below.

My Interest in This

The Medical Center proposes to commence construction of its latest project, i.e., its inpatient building, west of its ambulatory care center, contrary to the Ordinance. The project includes 1.02 acres that the Medical Center recently acquired from UVM. The project is immediately across the street from the properties that I own and occupy—I live at 138 Colchester Avenue and own 146, 140, 132, 128 Colchester Avenue, and 20 Fletcher Place in Burlington, Vermont. I will be able to hear from my properties the loud demolition and construction noise that will generated at the site. Likewise, the project calls for vehicles to enter and exit from the site onto Colchester Avenue and then drive immediately by my properties, where I'll experience the loud and sustained noise, vibrations, pollution and traffic congestion that will be attributable to trucks of this nature. I therefore have a special interest in seeing that the Ordinance's requirements are properly enforced.

Overlay/Use Issues

The primary problem that I'd like the city to address is that this additional land remains within the UVM Central Campus overlay and therefore is not eligible for inclusion in the project because the Medical Center thus far has failed to obtain a change of the overlay to allow for its hospital use. The city therefore should immediately invite the Medical Center to seek the requisite change and caution the Medical Center that, absent the change, construction of the project cannot commence.

Ordinance § 4.3.2 says that land within the overlays "may be used and altered in a manner permitted in the underlying district *only if and to the extent such use or alteration is permitted in the applicable overlay district*." The 1.02 acres that the Medical Center acquired from UVM is in the UVM Central Campus (ICC-UVM) overlay. Hospital use isn't allowed in the ICC-UVM overlay, whose purpose is "to support continued growth and expansion of the state's flagship academic institution." Ordinance § 4.5.2(b)(1). The sole "permitted" use in the ICC-UVM overlay is "schools." "Schools" is defined in Article 13. "Schools" means "colleges, community colleges, universities, or continuing education," not "hospitals" or "medical centers," which are defined elsewhere. Clearly, then, the 1.02 acres is not presently available for the uses to which the Medical Center proposes to put it. (It'd make no sense to treat the school and hospital overlays as interchangeable, as to uses, of course, which is why in his 2/3/15 memo to the DRB, Ken Lerner, the city's zoning administrator, distinguishes between schools and hospitals at various points.)

Notably, too, "on-site parking is expected to play a larger role [in the hospital's overlay, i.e., ICC-FAHC] than otherwise would be expected for other institutional campus overlays [e.g., ICC-UVM] in order to accommodate the needs of patients and visitors." Ordinance § 4.5.2(b)(1). So, there are two, solid reasons why it would be appropriate for you to instruct the Medical Center that it needs to apply for a change to the overlay, through proper procedures: (1) the existing overlay doesn't allow hospital use and (2) the existing overlay has greater restrictions on parking. Further reason may exist because of differences concerning height and density in the overlays.

As you well know, the appropriate procedure for the Medical Center to follow, regarding conversion of the 1.02 acre to the hospital overlay, is to petition the Planning Commission for a change. You well know, too, that neither the Zoning Administrator nor DRB are empowered to change uses. *See* Ordinance § 12.1.1 "Variances: Use variances shall not be allowed under this ordinance." To emphasize that neither the ZA nor DRB has, in fact, addressed the change in use, I analyze below the two existing permits that the Medical Center has obtained for the project. Indeed, as I will show, inaccuracies in these permits are such that it would appear appropriate for the city to rescind at least the zoning permit and require the Medical Center to reapply.

Zoning Permit

The Zoning Officer's decision, which I'm appealing, is predicated on her assumption that a use variance was approved by virtue of one or more of the zoning permits that the Medical Center has obtained. While the Zoning Officer is correct that I did not appeal those decisions, her assumption about what the permits authorized is patently incorrect. The Zoning Officer's position that such permits approved a use change belies not only the permits and the

corresponding applications (which, as I will show, did not purport to approve any such change), but likewise the intelligence of the City's staff and the DRB itself, which surely are aware of Ordinance § 12.1.1, which says plainly, "Use variances shall not be allowed under this ordinance." This is probably why nowhere in the Zoning Officer's decision does she address head on any of the points I'm about to make below (and which I made to her when I requested help).

The file for the zoning permit that the Medical Center obtained on 9/8/14 (#14-1321CA/MA) reveals that neither the zoning administrator nor DRB was asked to approve, or approved, a use change. On page two of the Medical Center's 6/30/14 application for that permit, the Medical Center checks, under "existing" and "proposed" use of the project site, on page two, "Hospital/Medical Center." In the "Final Site Plan Narrative" that is attached to the application, the Medical Center states, at page four, that the project "does ***not*** involve a change of use" and that "the use on the Fletcher Allen Medical Center campus ***is*** and will remain a hospital." At page five, it says, "this project does not involve a change in use." **So, a change of use wasn't sought.**

A change of use wasn't granted, either. In the DRB's 9/8/14 findings of fact, the DRB recognized the need for a boundary line adjustment (for the 1.02 acres to go from UVM ownership to Medical Center ownership), but it plainly said no change of use was involved. At page five, the DRB states, "There is no change of use." So, in addition to it being a fact that the DRB wasn't authorized to approve a change of use, it didn't purport to exceed its authority and approve one. Therefore, the Zoning Officer's decision is plainly misguided. No use change has been approved. Consequently, the fact that the permits were not appealed is irrelevant to enforcement. The City can and should enforce the Ordinance to require the Medical Center to obtain a use change.

Boundary Adjustment Permit

The file for the related boundary adjustment permit that the Medical Center initially obtained on 12/23/14 (#15-0665LL) likewise reveals that **neither the ZA nor DRB was asked to approve, or approved, a use change**. On page two of the Medical Center's 11/25/14 application for that permit, the Medical Center checks, under "existing" and "proposed" use of the project site, on page two, "Hospital/Medical Center." In Ken Lerner's 2/3/15 memo to the DRB on the application, at the top of page six, he states in two places that there is "**no change in use**" contemplated by the project. So, a change of use was neither sought nor granted as part of the boundary adjustment permit.

Revisiting Zoning Officer's Decision

Returning to the Zoning Officer's decision, you will find that she's ignoring that a use change was neither sought by the Medical Center nor granted by the City in any of the permits to which she cites. Despite that fact, and despite that neither the Zoning Administrator nor DRB are *empowered* by the Ordinance to change uses, she effectively gives the Medical Center a free pass. She's effectively saying, more or less, that because she can glean from the permit applications that a use change would be needed, the Medical Center gets one even without asking for it and even though the only authorized body who can grant a use change is the Planning Commission. That surely is not the kind of government of which we can be proud. This isn't Boss Tweed's Manhattan surely, where the rules are bent to accommodate the whims of the mighty.

Indeed, to know that the Medical Center can reasonably held to account, all one need look at are the standard permit conditions on the existing permits. Condition number one says, "The owner is solely responsible for obtaining all other required City … approvals. Failure to do so may invalidate this Zoning Permit and result in enforcement actions." So, there's no justification for the City's covering up the Medical Center's failure, thus far, to obtain a proper approval for a use change.

Revocation of Zoning Permit

If there were no harm in the erroneous statements made by the Medical Center in its applications, i.e., that the project didn't contemplate a change of use, then perhaps all that would be necessary would be for the city to point out that construction cannot begin unless and until the overlay is changed. But, in this case, there is reason for the city to revoke the zoning permit and require reapplication. That follows because a project requiring a change of use must undergo Major Impact Review. In its "Final Site Plan Narrative," part of its application for the zoning permit, the Medical Center plainly stated at page four that its project "qualifies" for an exemption from Major Impact Review because "*it does not involve a change of use.*" In the DRB's 9/8/14 findings of fact, at page five, the DRB states that the project "meets the exemption from Major Impact review" because there is "no change of use." Therefore, the omission is material, and the city therefore should revoke the zoning permit and require the Medical Center to reapply after it obtains approval of the overlay change, or other necessary use changes, from the Planning Commission.

Thank you.

Sincerely,

Martha R. Lang

Martha R. Lang.

Sent Electronically
cc:
Gene Bergman, Assistant City Attorney
Burlington Planning Commissioners
Jeanne Francis, Zoning Enforcement Specialist
Spencer Knapp, General Counsel, Medical Center
William Ward, Director of Code Enforcement
David E. White, Director of Planning and Zoning

With Attachments

CODE ENFORCEMENT OFFICE
645A Pine St, PO Box 849
Burlington, VT 05402-0849
VOICE (802) 863-0442
FAX: (802) 652-4221

May 12, 2015

MARTHA R. LANG
138 COLCHESTER AVENUE
BURLINGTON, VT 05401

Dear Ms. Lang,

This letter is in response to your complaint of April 8, 2015 pertaining to construction by the Medical Center on an acre of land zoned for university use. The address associated with the violations is 111 Colchester Avenue. Upon review of your complaint and the file we understand the facts to be as follows:

- Zoning Permit 14-1321CA, a request to build a new, approximately 208,000 sq. ft. In-patient Building west of the Ambulatory Care Center building at the Medical Center Campus, with parking lot improvements, was approved by the Development Review Board on September 8, 2014.
- No appeal of ZP 14-1321CA was taken.
- A condition of approval of ZP 14-1321CA required, "A boundary line adjustment will need to be secured to allow for development under this approval. All requirements as noted in Section 10.1.5 for filing a plat/Mylar will be in effect."
- On December 22, 2014, Fletcher Allen Heath Care, Inc. received approval for Zoning Permit ZP# 15-0664LL for a proposed lot line adjustment with the UVM Main Campus.
- On December 23, 2014, University of Vermont and State Agricultural College received approval for Zoning Permit ZP# 15-0665LL for a proposed lot line adjustment with the UVM Main Campus and UVM Medical Center.
- On January 5, 2015, you filed appeals of ZP# 15-0664LL and ZP# 15-0664LL.
- On February 10, 2015, you withdrew your appeals of ZP# 15-0664LL and ZP# 15-0665LL.
- On April 8, 2015 you filed a complaint, with our office, that hospitals are not permitted in UVM-ICC, and that the zoning map must be changed to extend FAHC-ICC before the request to build a new approximately 208,000 sq. ft. In-patient Building west of the Ambulatory Care Center building at the Medical Center Campus with parking lot improvements can, be approved.

After review of the matter, we are not able to substantiate the complaint. Zoning Permit 14-1321CA, including the findings, was not appealed and is now final; pursuant to 24 V.S.A. §4472(d). The current and purposed use, and location, of the project were clearly identified in the application materials as indicated by the staff report and findings of the Board.

A decision by the Administrative Officer regarding an alleged zoning violation may be appealed to the Burlington Development Review Board in accordance with the provisions of Articles 1 and 17 of the Burlington Zoning Ordinance provided that the appeal is filed within fifteen (15) days of the decision (within 15 days of the date of this letter). Your appeal must be accompanied by the appropriate fee in accordance with Article 1 Sec. 1.1.8 of the ordinance. The fee and a completed application form must be filed with the City's Department of Planning and Zoning. For more information regarding an appeal, contact Planning and Zoning Office at 865-7188. Your appeal may not be considered valid if the complete application and fee are not received within the 15 days.

Please feel free to contact our office at (802) 863-0442 if you have any questions or concerns.

Sincerely,

Jeanne Francis, Zoning Specialist

MARTHA R. LANG, PH.D.
138 COLCHESTER AVENUE
BURLINGTON, VERMONT 05401
802-862-1094

May 21, 2015

Burlington Development Review Board
Burlington City Hall
149 Church Street
Burlington, VT 05401

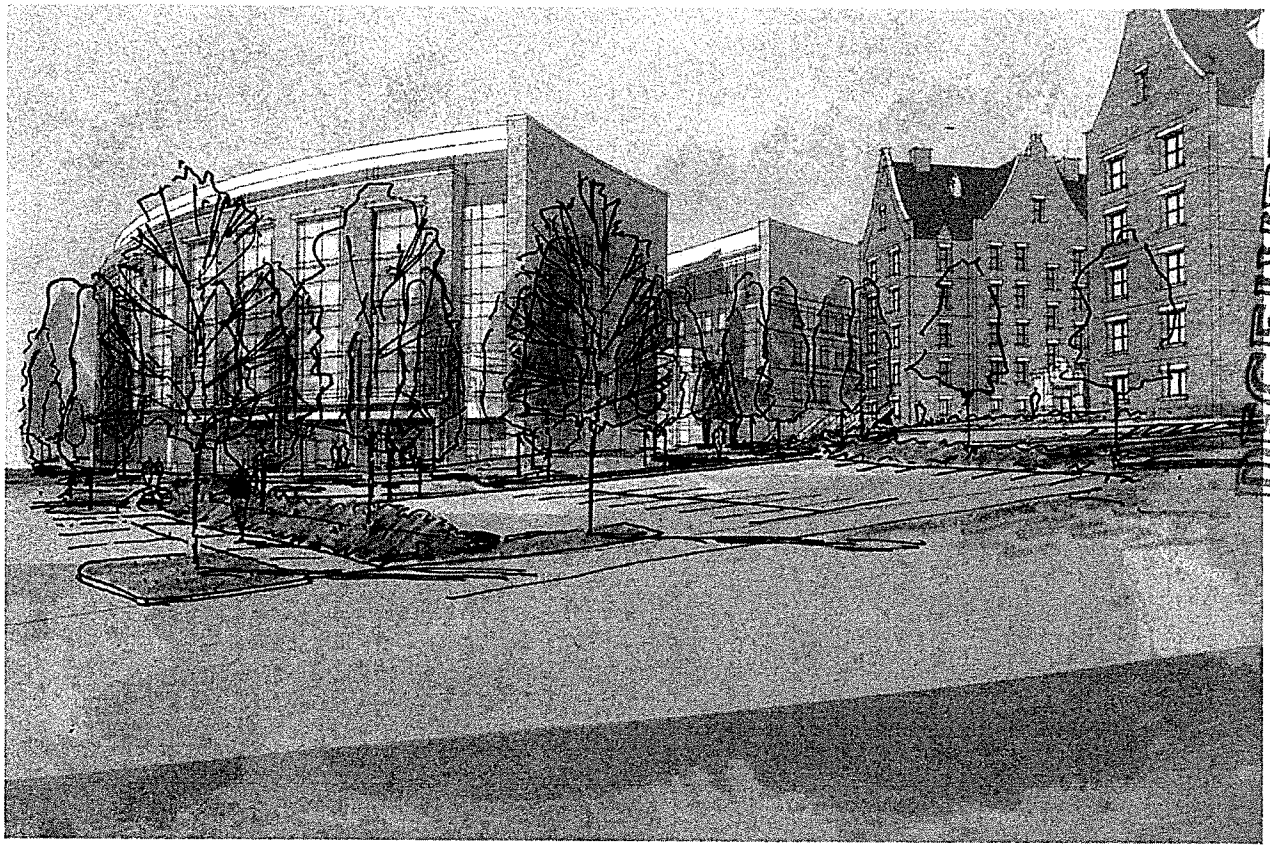
To Whom It May Concern:

For scheduling purposes please note I will not be in Burlington June 14h - 30th, July 9th - 30th , and August 6th - 30th. Thank you for your time and consideration. Please contact me if you have any questions.

Sincerely,

Martha R. Lang

Martha R. Lang



Inpatient Building
Fletcher Allen Health Care
Burlington, Vermont

City of Burlington
Final Site Plan Application
June 30, 2014

Department of Planning and Zoning
149 Church Street, City Hall
Burlington, VT 05401-8415
Phone: (802) 865-7188
Fax: (802) 865-7195
www.burlingtonvt.gov/pz

Zoning Permit Application

Use this form for ALL zoning permit applications. See the relevant checklist for specific requirements.

PROJECT LOCATION ADDRESS: 111 Colchester Avenue

PROPERTY OWNER*: FAHC, c/o Dave Keelty UVM, c/o Linda Seavey *If condominium unit, written approval from the Association is also required	**APPLICANT:** Co-Applicant: FAHC c/o Dave Keelty Co-Applicant: UVM c/o Linda Seavey
POSTAL ADDRESS: UVM 109 South Prospect Street	POSTAL ADDRESS: FAHC 199 Main Street, Suite 150
CITY, ST, ZIP: Burlington, VT 05405	CITY, ST, ZIP: Burlington, VT 05401
DAY PHONE: 802.656.0215	DAY PHONE: 802.847.8443
EMAIL: linda.seavey@uvm.edu	EMAIL: Dave.Keelty@vtmednet.org
*SIGNATURE: Linda Seavey for the University of Vermont I am the owner. In addition, I duly authorize the applicant (if noted) to act on my behalf for all matters pertaining to this zoning permit application.	SIGNATURE: Linda Seavey for the University of Vermont

Description of Proposed Project: New approximately 208,000 sq. ft. Inpatient Building west of the Ambulatory Care Center building at the Medical Center Campus with associated parking, lighting and landscaping.

Existing Use of Property: ☐ Single Family ☐ Multi Family: #___ Units ☒ Other: Hospital/Medical Center

Proposed Use of Property: ☐ Single Family ☐ Multi Family: #___ Units ☐ Other: Hospital/Medical Center

Will 400 sq ft or more of land be disturbed, exposed and/or developed? Yes ☒ No ☐
(If yes, you will need to provide the 'Erosion Prevention and Sediment Control Plan' questionnaire with a site plan)

For Single Family & Duplex, will total impervious area be 2500 sq ft or more? Yes ☐ No ☐
(If yes, you will need to provide the 'Stormwater Management Plan' questionnaire with a site plan)

Are you proposing any work within or above the public right of way? Yes ☐ No ☒
(If yes, you will need to receive prior approval from the Department of Public Works)

Estimated Construction Cost (value)*: $ 104 million
(*Estimated cost a typical contractor would charge for all materials and labor, regardless of who physically completes the work)

- Within 30 days of submission, the permit application will be reviewed for completeness, and, if complete, will be processed administratively or referred to a board for review. All permit approvals or denials are subject to an appeal period (15 days for administrative permit; 30 days for board permit).
- A building (and/or electrical, mechanical, plumbing, curb cut) permit will also be required. Contact the Department of Public Works at 802-863-9094 to inquire.
- Please ask for assistance if you have any questions about filling out this form. Call the Planning and Zoning at 802-865-7188, or visit the office in the lower level of City Hall, 149 Church Street.

Office Use Only Zone:_____ Eligible for Design Review?_____ Age of House:_____ Lot Size:_____

Type: SN___ AW___ EO___ BA___ COA 1___ COA 2___ COA 3___ CU___ MA___ VR___ HO___ SP___ DT___ MP___

Check No._____ Amount Paid_____ Zoning Permit #_____

Fletcher Allen Health Care
Inpatient Building Project
Final Site Plan Narrative
June 30, 2014

I. Overview

Fletcher Allen Health Care (Fletcher Allen) is proposing an approximately 208,000 square foot (sq. ft.) inpatient building project (the Project) to be located next to the Emergency Department on the west side of its Medical Center Campus. The Project will consist of approximately 128 inpatient replacement beds to be hosted in single rooms with connections to the McClure Building and the West Pavilion of the Ambulatory Care Center. The Project includes a small boundary line adjustment with the University of Vermont.

This Project has been anticipated and discussed with the City and Fletcher Allen's neighbors over the past six years. The factors that influenced the need for and the design of this Project are as follows:

- The replacement of outdated infrastructure to meet the needs of current medical practices. Fletcher Allen's oldest inpatient buildings are more than 50 years old. The beds that will be replaced in Shepardson are located in facilities that were built in 1961. New facilities are needed to provide care that is consistent with today's hospital design standards and match the high-quality care provided by Fletcher Allen's physicians and staff;
- The replacement of double rooms to private single rooms to meet the 2010 or most recent edition of the FGI Guidelines for Design and Construction of Health Care Facilities which are current hospital design standards within the industry and State Hospital licensing agencies including the Vermont Green Mountain Care Board. Currently, 60% of Fletcher Allen's inpatient rooms are double or multiple bed rooms that do not meet contemporary standards for patient care;
- By creating more single bed rooms, Fletcher Allen can provide sufficient space for medical equipment and more effectively practice infection prevention; and
- Offering more single rooms will help Fletcher Allen create a healing environment that is patient-centered, provides quiet and comfort to patients and their families, and offers more privacy and confidentiality.

Introduction to the Project

The Project as currently planned consists of an approximately 208,000 sq. ft. seven-story building (two lower circulation and mechanical floors, four inpatient bed floors and a mechanical penthouse) with related site work, utility/MEP upgrades and extensions, renovations and interfacing within the existing ACC and McClure Buildings. The Project would be constructed above the existing Emergency Department parking lot and would connect with the existing ACC and McClure buildings in several locations.

The Project's exterior elements will consist of a combination of thin clad masonry, glass curtain wall and "punched window" openings employing some aspects of the architectural vocabulary of the adjoining ACC building. The Project will apply for LEED certification.

Site improvements will consist of a realignment of the Emergency Department access road – Hospital Drive, with circulation and drop off areas beneath and next to the new building. Vehicular access will be maintained from Colchester Avenue. New pedestrian walkways provide connections to the existing network of sidewalks and multi-use path. Exterior lighting and landscaping will be included consistent with current standards used on the FAHC Medical Center Campus and the University's exterior lighting standards. Landscape plantings along the access driveway, pedestrian walkways and parking area will provide shading and soften the hardscape. Rain gardens within the parking area and along Hospital Drive will help address stormwater treatment.

FAHC and the University of Vermont currently have 136 parking spaces in the project area. The project parking for both will be reconfigured with no net change in the number of spaces. There are no plans to add medical or clinical full time equivalent (FTE) staff. There may be some additional support staff, but it is unclear at this phase of design. Regardless, no additional parking spaces are proposed and parking will continue to be managed within the 2,094 cap for Fletcher Allen on-campus parking spaces.

The Project includes minor modifications to the Emergency Department entrance on Level 1, an extension of the utility tunnel on Level L from the existing ACC building to the Project, installation of a new 1,400 ton centrifugal chiller, related cooling tower infill in the Central Plant, a new boiler, and related MEP extensions from the ACC utility tunnel to the Project. The Project also includes footings and utility pathways to enable future additional vertical expansion.

The Project is replacing existing beds in Shepardson 3North and Shepardson 4North. This replacement, as outlined in the Fletcher Allen Master Facility Plan, is the first of several planned bed replacement facilities at the Medical Center Campus which may occur over the coming

decades. The vacated space in Shepardson 3North and Shepardson 4North will be used for decompressing overcrowding within the existing campus. There will be no new office or clinical programs.

The total proposed square footage (208,000 sq. ft.) includes unoccupied and low-occupancy areas such as mechanical spaces (including the mechanical penthouse), vertical circulation spaces, and the skybridge connector to McClure.

The proposed square footage also includes several possible add-alternates which are being studied. For the purposes of this application we are assuming all of these add-alternates will be constructed and are requesting approval of them. In the event any of these add-alternates are deleted the final project square footage may be less. In such event we will seek any required project amendments.

A boundary line adjustment will be needed with UVM in order to accommodate the building and associated parking improvements. The proposed boundary line is shown on the plans and a separate application will be submitted for this.

Schedule for Design and Construction
Fletcher Allen has an approved Certificate of Need (CON) from the Green Mountain Care Board that allows for planning only, no construction has been approved. Fletcher Allen has retained a design team and a construction manager to assist with pre-construction planning, and will continue to coordinate with UVM on their housing master plan and on landscaping between their planned STEM project and the Project. Fletcher Allen anticipates submitting a construction CON for the Project by the end of September 2014. If approved, construction is planned for the spring of 2015 subject to the issuance of City and State permits. The estimated timetable for completion of the Project is to commence construction in the Spring of 2015 with anticipated completion in Fall of 2018. The total estimated construction cost is $104,585,229. The total project cost, including construction, equipment and furnishings, will be higher.

II. Initial Planning, Sketch Plan Review

Fletcher Allen has been involved in master planning for its Medical Center Campus and for inpatient bed replacement options since 2006 with extensive discussions with the Burlington Planning Commission and with the Combined City Council / Planning Commission Institutional Development Committee. The Project is consistent with Fletcher Allen's Master Facility Plan as discussed with the City during this process.

Fletcher Allen met with the City Planning and Zoning Staff in the fall of 2013 to receive early input regarding the conceptual design of the Project. In November of 2013, Fletcher Allen met with the City Technical Review Committee to present and discuss the project. Several issues that staff felt need to be addressed as the design of the Project progresses included stormwater mitigation, possible impacts to Converse Hall, and fire truck access. A sketch plan application was submitted to the City in March 2014. The Design Advisory Board (DAB) and Development Review Board (DRB) held hearings in March and April 2014. In March 2014, Fletcher Allen met with the Ward 1 Neighborhood Planning Assembly (NPA) and a letter has been submitted by the Steering Committee of the NPA and is included in this application. Comments received from the DAB, DRB, City Planning and Zoning Staff and the Ward 1 NPA are focused on the relationship of the Project design and Converse Hall, the demolition of the UVM dorms and how this will be addressed, and views of the Project from Colchester Avenue. Each of these comments has been considered in the final site plan design.

III. City Development Review Criteria

We have provided information on the Project that addresses the City's Development Review Criteria in conformance with The Comprehensive Development Ordinance.

Exemption Request

The City's Comprehensive Development Ordinance has a provision for an exemption from Conditional Use and Major Impact Review - *Article 3, Part 5: Conditional Use and Major Impact Review*, Section 3.5.3 Exemptions. We believe the Inpatient Building project qualifies for an exemption from Major Impact Review under the exemption listed in Section 3.5.3 (d) of the Comprehensive Development Ordinance. Please consider this a request for an official ruling with regard to whether the project so qualifies.

Section 3.5.3 (d) says "*...Major Impact Review shall not apply to applications involving one or more of the following... (d) Projects that do not result in a change of use or increased parking demand as determined by the administrative officer....*"

The Inpatient Building project qualifies for this exemption because a) it does not involve a change of use and, b) will not increase overall parking demand on campus. The first of these is clear: the use on the Fletcher Allen medical center campus is and will remain a hospital. The beds that are planned for the Inpatient Building exist on the campus today as part of the hospital use and will simply be relocated on campus as a result of this project.

During planning and permitting for the Renaissance Project, Fletcher Allen agreed to a cap of 2,094 parking spaces on the Medical Center Hospital (MCHV) campus. All on-campus parking demand must be met within this number. The calculations that arrived at this number assumed various factors, including pre-existing uses, new or expanded uses in the ambulatory care center, growth in services over time, occasional peak demands, off campus parking, a dynamic transportation demand management (TDM) program, and a built-in on-campus vacancy factor of approximately 10%. This built-in vacancy factor allows for occasional surges of demand and for easier flow at all times. Less vacancy than this results in delays in finding spaces (a problem when people are trying to make appointments on time) and increased frustration for all concerned.

As part of this 2,094 space cap, Fletcher Allen actively manages its parking through its TDM programs to ensure that increases in parking needs over time are offset by TDM efforts that reduce demand among other users. This is what Fletcher Allen committed to during permitting for the Renaissance Project and remains committed to today.

As previously stated, the Inpatient Build project will not increase the number of parkers over the course of a typical day because it will not result in an increase in beds on the campus. The parking for the Inpatient Building will be accommodated within the 2,094 parking space cap as part of Fletcher Allen's ongoing management of its parking facilities and TDM programs. No increase in parking spaces is proposed as part of this project.

Accordingly, this project does not involve a change of use and will not cause increased parking demand. Therefore, we believe this project qualifies for the exemption to Major Impact Review set forth in Section 3.5.3 (d) and we are requesting this exemption.

Building Design

The overall approach to the design of the Inpatient Building is that the addition is conceived as a continuation of the architectural language established by the existing ACC. The existing Fletcher Allen campus, having been built over many decades, is comprised of a variety of disparate architectural styles and materials. The Inpatient Building is designed to help unify and extend the most recent major architectural development on the campus rather than adding yet another language to the mix. The use of the similar materials, proportions and façade gestures will allow the Inpatient Building to be viewed in this manner.

The massing and scale of the Inpatient Building seeks to blend with the existing ACC. The south façade will read as an extension of the ACC entrance arc that provides the main entry face for

Fletcher Allen. The main mass of the building forms a gentle curve that works with this arc and foreshortens the views from many angles of the western façade thus reducing its perceived size.

At the base of the Inpatient Building highly articulated columns faced in thin clad masonry, similar to those at the existing ACC, will front the vehicular access drive and provide a consistent campus architectural statement for vehicular drop off areas as cars approach the building and drive underneath for Emergency Department access. The west façade will feature a series of vertical glazed elements set in a thin clad masonry façade. The glazing will reflect the functional layout of the plan where paired patient room windows provide views towards the lake. Projecting brows at the top of each glazed area will recall similar features on the existing ACC building.

The Inpatient Building will have a flat roof with a fully adhered roof membrane utilizing tapered insulation sloped to interior roof drains. The uppermost level of the building will be an enclosed mechanical penthouse clad in articulated metal panel with louvers for air movement integrated into the façade design. There will be no exposed mechanical equipment viewable from the ground or adjacent buildings.

There will be two main entry points at the ground level of the building. One will be the public entrance to the emergency department which will be entered directly from a vehicular drop off area sheltered by the new building above. Glass areas will allow for visibility into the public waiting area of the Emergency Department during the day and provide a lighted beacon for way finding in the evening. Prominent and appropriate signage will also be present. The other main entry point will be the ambulance entrance, which will remain in its current location with existing canopy and signage.

The building fenestration will be a reflection of the hierarchy of the programmatic uses inside. The largest glazed areas will be at the locations of the patient rooms and the family visitor lounge to allow as much daylight and exposure to views for these areas as practical to promote an evidence-based design healing environment. These will be consistent from floor to floor and provide for a vertical emphasis to the façade fenestration. Opportunities for natural light in other areas such as ends of corridors and elevator lobbies will be provided to aid in orientation to the outside and way finding utilizing less prominent glazed areas.

The Project will incorporate various features which will allow it to be an example of energy efficiency for the Fletcher Allen campus. The building's exterior will feature triple glazed windows for greater thermal efficiency. The mechanical system will incorporate chilled beam

technology allowing for a more efficient distribution of cooling loads through the building. Energy efficient LED lighting will also be utilized throughout the facility.

The Inpatient Building will have an enclosed mechanical penthouse with a roof elevation of 101' above grade or 459' – 4" above mean sea level. This complies with the Institutional Core Campus Overlay District height restriction of no greater than 540' above mean sea level as well as the ICC-UVM central campus height overlay district height restriction of no greater than 140' above grade.

The Inpatient Building will be only briefly visible from Colchester Avenue and from University Place. The most prominent view of the Inpatient Building will be from the UVM Central Quad. Each of these views of the Inpatient Building will be softened with landscape plantings.

Relationship to Converse Hall

The immediate vicinity of the project area includes several buildings that are 50 or more years old including Converse Hall and the: Chittenden-Buckham-Wills Residential Complex (CBW). Converse Hall is considered to be a significant historic resource. The design process for the Inpatient Building project carefully considered the potential impacts on these buildings. The initial design attempted to balance impacts on all of the buildings and could have been constructed with all four remaining. Feedback from City staff, Fletcher Allen's historic preservation consultant and others suggested that it was more important to further reduce impacts on the historic building of greater value: Converse Hall. Furthermore the University's 2006 Campus Master Plan and 2013 Housing Master Plan calls for future demolition of CBW Residential Complex since the structures are not feasible to renovate to modern standards primarily due to the pre-cast concrete construction. Doing so resulted in moving the Inpatient Building further away from Converse Hall at the expense of greater impacts on the buildings of lesser historic value: Chittenden-Buckham-Wills Residential Complex.

Numerous elements in the proposed design reflect the efforts to preserve the visual prominence of Converse Hall as an important historic resource. The original proposed location of the Inpatient Building has been moved northerly away from Converse Hall in order to provide more space between the two structures and protect views to the west and east. The historic walkway from Converse Hall's main entrance westerly to the UVM campus will be retained and enhanced, preserving the historic link between the residence hall and the UVM Central Quad.

The materials and design elements selected for the Inpatient Building respond to the existing features of the Ambulatory Care Center (ACC) and Converse Hall in the proposed use of similarly hued thin clad masonry, and the design esthetic that employs curved forms to

strengthen the relationship between Converse Hall, the ACC and the Inpatient Building. In addition, the vertical windows that will be regularly spaced across the south elevation of the Inpatient Building reflect similar fenestration patterns of both Converse Hall and the south elevation of the ACC.

Lot Coverage Calculations

Fletcher Allen is allowed up to 65% total lot coverage under Section 4.5.2(C)(2) of the Comprehensive Development Ordinance. This section of the ordinance provides an incentive for Fletcher Allen to maintain substantial green space in a "transitional buffer" along Colchester Ave. and East Ave. For every 1% that lot coverage in the transitional buffer is below 40%, Fletcher Allen gains 1% in allowable overall lot coverage up to a maximum 65%.

The boundary line adjustment will increase the entire Fletcher Allen campus from 32.34 acres to 33.37 acres. The campus "transitional buffer" lot coverage does not change: the total buffer is 8.74 acres with 2.24 acres of impermeable area for a total of 26%, which is below the 40% maximum. The proposed overall lot coverage, including the Inpatient Building and associated parking, on the Fletcher Allen campus will increase slightly from 19.02 acres to 19.71 acres, and will increase slightly from 58% to 59%. This is under the total maximum lot coverage of 65%.

UVM's lot coverage before the land transfer is 48.09%. The UVM lot coverage changes after the land transfer (exclusive of UVM projects: removal of the CBW residence halls and installation of the Green Mountain Walkway) to 48.04%. They will still be under the total maximum lot coverage of 65%.

Circulation and Parking

Traffic access to the site will remain from Colchester Avenue with an adjusted Hospital Drive. The Inpatient Building does not have direct pedestrian access to the site: it is internally connected to the ACC West Pavilion and to McClure with a skybridge. Vehicular access is associated with the Emergency Department for Fletcher Allen and UVM's parking as described below.

The proposed site plan incorporates a turnaround directly the north of the Inpatient Building for fire truck access and movement. We have worked with the Fire Marshall to insure that the proposed design meets the needs of public safety. The existing ambulance entry to the Emergency Department will remain in its present location with reconfigured access and ambulance drop off.

There are no changes to the total count of 136 parking spaces available in the project area, spanning both UVM and Fletcher Allen property, 6 of which are handicapped accessible spaces. The parking area has adjusted to accommodate the Inpatient Building, and there are 47 spaces are allocated to Fletcher Allen for the Emergency Department and 89 spaces for UVM as exists today. The proposed Inpatient Building will not add additional bed capacity nor will there be any increase in on campus parking.

Existing City permits limit Fletcher Allen's on-campus parking to a maximum of 2,094 spaces. Existing permits also allow Fletcher Allen to vary the number of physical parking spaces on site at any given time based on its ongoing dynamic management of parking, which includes limiting on-campus parking permits for staff and other Transportation Demand Management (TDM) programs, so long as the quantity does not exceed the 2,094 parking space cap. Parking will continue to be managed within the 2094 cap for on-campus parking spaces. As always, from time to time there may be fewer physical spaces on campus, depending on Fletcher Allen's ongoing management of parking.

Pedestrian and bicycle access routes to and from the site are updated with the multi-use path shifted to the west side of Hospital Drive to avoid conflicts with the Emergency Department. Sidewalks connect the parking area with the Emergency Department and to the existing sidewalks around Converse Hall, ACC and the UVM campus. Bike racks are provided near the Emergency Department entrance. The Inpatient Building, site parking, and pedestrian sidewalks and multi-use path are handicapped accessible meeting the Americans with Disabilities Act (ADA) requirements.

Landscape

Thoughtful landscape design has been incorporated into the project. As one approaches the Inpatient Building from Colchester Avenue, shade trees line Hospital Drive. Within the parking lot adjacent to Converse Hall is a central, colorful raingarden that collects surface water for treatment. A second raingarden is placed in the interior of the fire truck turnaround north of the Inpatient Building. A paved walk radiates out from the covered plaza by the Emergency Department through a shaded tree grove to the Fletcher Allen parking, across the Converse Hall axial walk, through the UVM parking area adjacent to the raingarden, and south to the UVM campus and beyond. Columnar, shade and specimen trees provide shade throughout the parking areas and along pathways, and tree and shrub plantings along the western edge of the parking area screen paved areas visible from the UVM campus. Tree and raingarden plantings are prominently visible from the Inpatient Building patient rooms and intended to provide a gentle transition to the UVM campus.

Stormwater and Erosion Control

The project causes only a small increase in impervious area from 19.02 acres to 19.71 acres. Stormwater control will be accomplished using two approaches. One approach will be connecting to the existing collection system that conveys runoff to the North Campus Treatment and Detention Facility. The North campus Facility provides treatment to both UVM and Fletcher Allen. The Facility is designed, permitted and constructed in accordance with the State of Vermont's unified sizing criteria. Additionally, some on-site treatment will be included to the extent practicable. These on-site measures will likely include rain garden or bio-retention type systems located at some of the grass median areas as well as the vegetated down gradient edge of some of the parking areas.

For erosion prevention and sediment control, the project will follow best practices to prevent and or minimize erosion during construction. Currently Fletcher Allen has hired a construction manager that is working on a detailed logistics/phasing plan. Due to the size of the project as well as constructing the building over an active Emergency Department, there are a series complex steps the contractor will have to undertake in order to construct the project while maintaining access to the Emergency Department. Once the logistics plan is completed and signed off on, a detailed Erosion Prevention and Sediment Control Plan set will be developed and submitted to the State Agency of Natural Resources as part of their construction general permit program (CGP). This plan will take into account the phases/steps that will be required for construction and reflect the measures that will be applied as part of each phase of the project. The City's Stormwater Program Manager will be consulted with as part of this plan development as well as receiving copies of the final plan.

Outdoor Lighting

Energy efficient LED lighting will be utilized throughout the site and is proposed to coordinate with Fletcher Allen's and UVM's existing lighting. Pole-mounted LED light fixtures, identical to those currently used on the FAHC campus, are placed along Hospital Drive, throughout the parking areas, and along walkways to provide safe, efficient lighting conditions.

All areas under the Inpatient Building for vehicular drop off and public access to the Emergency Room will be adequately lit during the evening hours. The relocated parking lot for the Emergency Department will also get appropriate lighting utilizing fixtures consistent with types already in use on the Fletcher Allen campus.

Infrastructure

The Inpatient Building project will disrupt a number of existing utilities including, water, sewer, storm drains, power (both Fletcher Allen and BED) and Fletcher Allen Communication duct

banks. Measures are being taken to reroute impacted utilities as well as servicing the Project with water, sewer and power.

MEMO

TO:	Dave Keelty
FROM:	Dave Saladino, PE & Mark Smith, PE
DATE:	June 28, 2014
SUBJECT:	FAHC Inpatient Building – Traffic Assessment

On behalf of Fletcher Allen Health Care (FAHC), RSG has conducted the following assessment of expected traffic impacts related to the proposed Inpatient Building project in Burlington, Vermont.

1.0 SUMMARY OF KEY FINDINGS

We offer the following summary of key findings based on the analysis presented in this memorandum:

- Existing traffic conditions at key entry points to the main FAHC campus are within acceptable norms during peak conditions.
- Traffic generated by the Medical Center is dictated almost entirely by the number of employees and beds within the facility and can be reduced by extensive Transportation Demand Management Programs a key element of which is limited on-campus parking.
- No net change in the total number of beds or maximum parking spaces are expected at the Medical Center as a result of the new Inpatient Building.
- No net increase in vehicle traffic or parking demand is expected due to the proposed Inpatient Building project.